Chemical Dependency Disposition Alternative

Report to the Washington State Legislature

January 2002

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Chemical Dependency Disposition Alternative:

Annual Report to the Washington State Legislature

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EXECUTIVE SUMMARY

The Chemical Dependency Disposition Alternative (CDDA) codified in RCW 13.40.165, became effective July 1, 1998. This disposition alternative provides local juvenile courts with a sentencing option for chemically dependent youth, allowing judges to order youth into treatment instead of confinement. RCW 70.96A.520 requires that:

> *"The department shall prioritize expenditures for treatment provided under RCW 13.40.165. The department shall provide funds for inpatient and outpatient treatment providers that are the most successful, using the standards developed by the University of Washington under section 27, Chapter 338, Laws of 1997." In addition, " the department shall, not later than January 1 of each year, provide a report to the Governor and the Legislature on the success rates of programs funded under this section."*

To comply with this legislation, an outcome evaluation has been designed and implemented to support the annual reports to the Governor and Legislature. This report presents data based on statewide assessments to determine CDDA eligibility and describes the results from the short-term (three-month) evaluation of the CDDA program.

Assessments done throughout the state to determine CDDA eligibility revealed that:

- Youth entering CDDA have more severe substance use histories and are more likely to be diagnosed as chemically dependent than youth not entering CDDA.
- Youth entering Drug Court programs generally have less severe problems—in all areas assessed—than youth in either CDDA or youth in neither CDDA nor Drug Court.
- The majority of youth assessed for CDDA eligibility have been locally sanctioned youth.
- The decision whether or not to place a committable youth in CDDA appears to have been influenced more by the severity of their criminal history than by their degree of substance use or functioning in other areas.

The CDDA outcome evaluation compares recidivism, substance abuse, school performance, and other measures of success between CDDA-sanctioned, nonCDDA-sanctioned, and Drug Court youth. Outcomes are compared at 3, 6, 12, and 18 months from the date CDDA eligibility is determined.

Recruitment for the CDDA outcome evaluation began in January 1999 and was completed in June 2001. A total of 403 youth from 8 counties have been recruited into the outcome evaluation. Of these youth, 165 were in CDDA, 53 were in a Drug Court program and 185 were in neither CDDA nor Drug Court (comparison group).

Although youth in all groups received some substance abuse treatment services over the three-month period, CDDA and Drug Court youth spent a significantly longer time in treatment and received significantly more services while in treatment than youth in the comparison group.

Given that the majority of youth in all groups were under legal supervision over the three-month period, significant group differences in illegal activity and substance use were not anticipated or detected at this early stage. Youth in all groups demonstrated a decrease in illegal activity and substance use over this three-month period.

While it is still too early to determine the full impact of the CDDA intervention on youths' functioning, there was significant evidence that CDDA is positively influencing family relationships.

The report to the Governor and Legislature in 2003 will provide information on six- and twelve-month outcomes. The final report containing the 18-month outcome data will be presented in the December 2004 report to the Governor and Legislature.

Chemical Dependency Disposition Alternative
2001 Annual Report to the Legislature

I. Introduction

Chapter 338, Laws of 1997, created the Chemical Dependency Disposition Alternative (CDDA) and became effective July 1, 1998. The CDDA legislation was codified in RCW 13.40.165. This disposition alternative provides local juvenile courts with a sentencing option for chemically abusing and dependent youth, allowing judges to order youth into treatment instead of confinement. The Department of Social and Health Services' (DSHS) Juvenile Rehabilitation Administration (JRA), in collaboration with the department's Division of Alcohol and Substance Abuse (DASA), was given the responsibility of designing and implementing the program.

This legislation also required the University of Washington (UW) to develop standards for measuring the treatment effectiveness of CDDA. These standards were developed by the Alcohol and Drug Abuse Institute (ADAI) of the UW and presented in the 1997 report entitled ***Effectiveness Standards for the Treatment of Chemical Dependency in Juvenile Offenders: A Review of The Literature*** submitted to the Legislature January 1, 1998. These effectiveness standards are used to determine the efficacy of the CDDA program on an annual basis as required by RCW 70.96A.520.

CDDA represents a collaboration of JRA, local juvenile courts, and DASA's interests in using community-based programs as an alternative to detention, as well as the Legislature's interest in providing sentencing alternatives for chemically abusing and dependent juveniles. CDDA also represents a union of juvenile court-administered services and county-coordinated drug and alcohol treatment systems. CDDA provides local communities with a monetary incentive to implement interventions for juvenile offenders that research demonstrates to be effective in reducing substance use among chemically abusing and dependent youth. In providing chemically abusing and dependent juvenile offenders with effective treatments, substance use should decrease, as should involvement in criminal behaviors. CDDA should not only reduce the state's costs of incarceration for juveniles, but also provide a cost-effective means of improving the overall functioning of a juvenile while keeping him or her within the local community.

This report describes information gathered from statewide assessments administered to determine clinical eligibility for CDDA. The report also presents the short-term (three-month) results from the CDDA outcome evaluation. Descriptions of each county's CDDA program and unique features of these programs are provided in Appendix A.

II. Implementation of CDDA to Date

Although CDDA became available to all juveniles committing crimes after July 1, 1998, processing requirements of local juvenile courts delayed juveniles from entering CDDA until as late as November 1998.

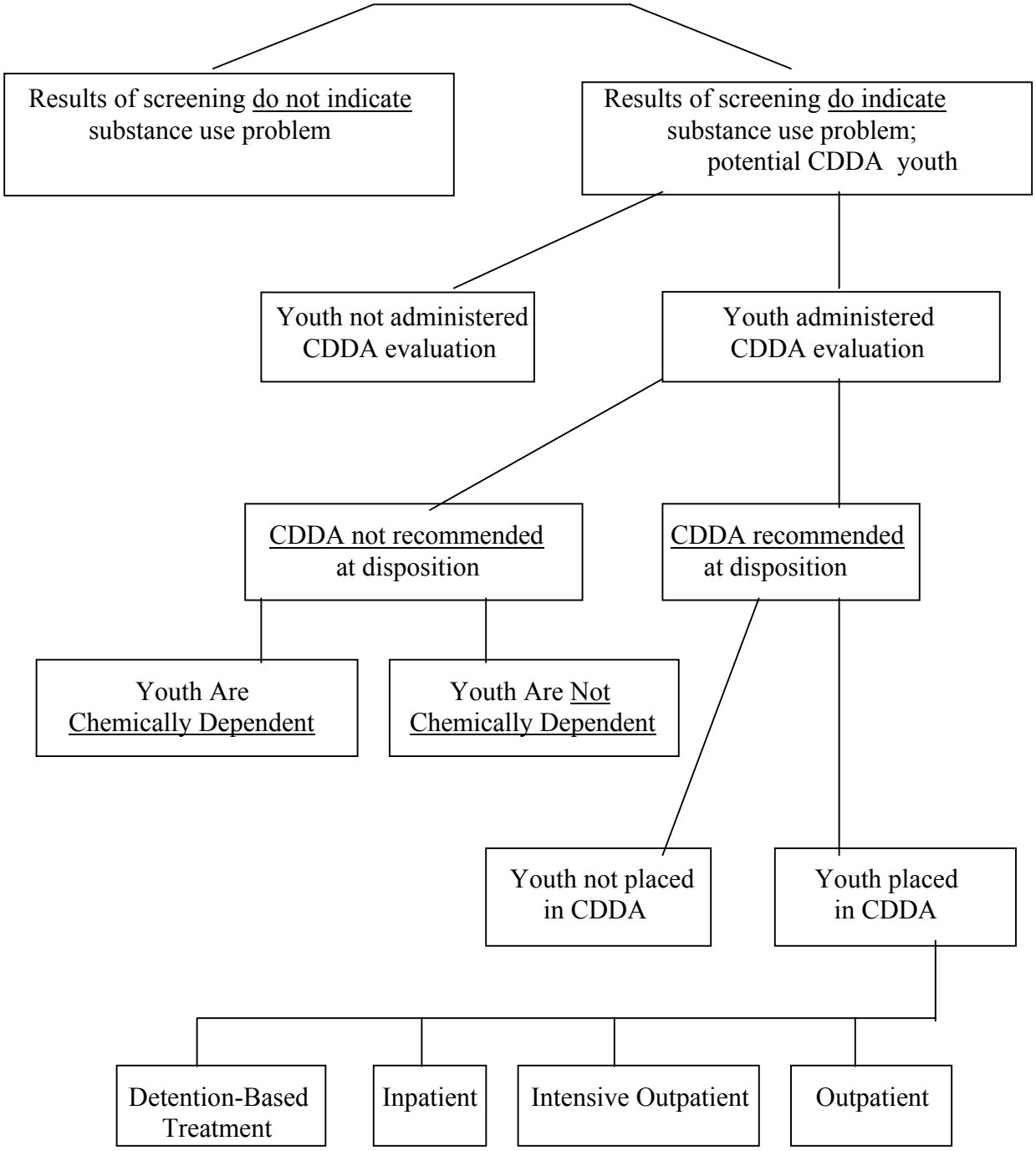
Figure 1 presents the steps that occur in determining whether a youth will be placed in CDDA or not. To be eligible to be placed in the CDDA program, a youth must:

- be between 13 and 17 years of age,
- not have current A- or B+ charge, other than a first time B+ offense pursuant to Chapter 69.50 RCW.
- be chemically dependent or a substance abuser, and
- not pose a threat to community safety.

Currently, all 33 juvenile courts have developed CDDA programs. At least eight counties are accessing Title 19 matching funds to increase fiscal resources for CDDA.

Figure 1

Juvenile Court Procedures for Determining CDDA Eligibility



III. CDDA Evaluation Overview

Legislation associated with CDDA requires that:

> *"...the department shall prioritize expenditures for treatment provided under RCW 13.40.165. The department shall provide funds for inpatient and outpatient treatment providers that are the most successful, using the standards developed by the University of Washington under section 27, chapter 338, Laws of 1997. The department may consider variations between the nature of the programs provided and clients served, but must provide funds first for those that demonstrate the greatest success in treatment within categories of treatment and the nature of persons receiving treatment."*

The ability of the outcome evaluation to document statistically that one treatment provider is more effective than another is severely limited for several reasons. There are four treatment modalities utilized in CDDA, each of which has numerous providers: 1) detention-based outpatient; 2) inpatient; 3) intensive outpatient; and 4) standard outpatient. The number of juveniles treated by each provider is, therefore, relatively small.

There is also wide variation in the services being provided within each treatment modality (e.g., one inpatient program provides family education, another provides family meetings, another family therapy). These factors make it impossible to make statistically meaningful comparisons of individual treatment provider outcomes. The outcome evaluation is able to describe the aggregate outcomes of juveniles treated across the various treatment modalities and indicate which configuration of services relates to the most positive outcomes for locally sanctioned and committable juveniles based on measurement of the effectiveness standards.

The outcome evaluation is being conducted in eight counties. Counties were chosen based on their size, how inclusive the county's CDDA model was of the elements of effective treatment included in the ***1997 Effectiveness Standards*** report, and by geographic location.

The eight counties involved in the CDDA outcome evaluation are:

Benton/Franklin	Kitsap	Spokane
Clark	Pierce	Yakima
King	Snohomish	

The CDDA outcome evaluation was designed to compare results of assessments of substance use, criminal activity, and functioning in several important domains of life (e.g., family, social, and school). Comparisons are to be made on these factors between youth receiving CDDA services and other youth that were eligible for CDDA, but did not participate in CDDA. These comparisons are to be made at several time points: at baseline (which is when youth were assessed to determine clinical eligibility for CDDA), and again at 3, 6, 12, and 18 months from the date of initial assessment. Youth from the CDDA and comparison group are followed for the entire 18-month study period, without regard to their CDDA status.

The effectiveness standards that are used to measure outcomes of the groups are:

- reduced criminal recidivism as defined, under a legislative directive, by the Washington State Institute for Public Policy as:
  - reduced criminal convictions and or terms of supervision

- reduced substance use as evidenced by a reduction in:
  - the total number of days of substance use
  - the number of substances an individual currently uses
  - the proportion of positive urinalyses
  - the number of re-admissions to a chemical dependency treatment program (e.g., detox, inpatient, or outpatient)
  - number of emergency room visits or inpatient medical hospitalizations

- improved school performance as evidenced by:
  - an improvement in grades
  - a decrease in truancy or dropout and/or number of school disciplinary actions

- improved family functioning as evidenced by:
  - fewer conflicts with family members
  - decreased runaway episodes

- improved social functioning as evidenced by:
  - less time spent with substance-using and/or delinquent peers
  - increased friendships with non-substance using peers

- improved psychological functioning as evidenced by:
  - fewer days of self-reported mood disorders
  - fewer admissions for psychiatric treatment, either inpatient or outpatient

These standards are evaluated, in part, through repeated administrations (3, 6, 12 and 18 months) of a standardized assessment, the Adolescent Drug Abuse Diagnoses interview and Kiddie Schedule for Affective Disorders and Schizophrenia (ADAD/K-SADS), and review of treatment and probation records at each follow-up point. Data regarding substance use and criminal activity will be corroborated at each followup by criminal histories, and whenever possible, by urine drug screens taken by the probation department and/or outpatient substance abuse treatment agencies.

Convictions (rather than arrests) will be used as a measure of criminal recidivism in the evaluation of the CDDA program, as arrest data is difficult and costly to reliably obtain. The Washington State Institute for Public Policy has suggested that completion of any court-ordered restitution to victims be used as an indicator of criminal recidivism.

Not all youth in this study were required to pay restitution to victims. When it was required, restitution to victims was not imposed in a standardized manner. Generally, restitution was determined on an individual basis by the Court and the amount imposed varied greatly, even

for the same type of crime. Moreover, in many cases it was the parent or guardian completing restitution payments on behalf of their child. Considering these factors, it is not possible to meaningfully compare restitution payments made by youth. Therefore, completion of restitution payments will not be employed as an indicator of recidivism in this evaluation.

Recruiting for the outcome evaluation took longer than originally anticipated. This was primarily due to difficulties in ensuring that a child advocate was present during the recruitment process when a youth's parents were not available. Last year, only 73 CDDA youth had been recruited into the outcome evaluation and it was uncertain whether counties would be able to significantly increase the number of CDDA youth recruited over the following year. Therefore, this year's report was expected to present data on the 6 and 12-month assessments for that group of 73 CDDA youth and 126 comparison youth.

Several counties did, however, refine recruiting strategies over the last year and successfully increased the number of CDDA youth recruited by more than double that of last year. Consequently, this year's report will present information from the baseline and three-month interviews for this larger sample.

There are still approximately 60 6-month interviews to be completed. Most of these youth are involved in CDDA. Since results of these yet-to-be completed interviews could substantially change findings based on the smaller number of already interviewed CDDA youth, this report will not present data from the 6 and 12-month interviews. Data from these assessments will be presented in the year 2003 report to the Legislature. The final report containing all outcome data will be presented in the January 2004 report to the Legislature. A timeline for the outcome evaluation is provided in Appendix 4.

Many youth recruited into this study entered a Drug Court Program. Like CDDA, Drug Court is a 12-month supervision program that incorporates substance abuse treatment. Unlike CDDA, Drug Court provides locally sanctioned youth the strong incentives of retaining one's driver's license and dismissal of the current charge if the program is successfully completed. Another difference between Drug Court and CDDA is that youth in Drug Court meet regularly with a "Drug Court Team," which includes the Juvenile Court Judge as a member, to review their progress. Drug Courts are currently operational in King, Kitsap, and Snohomish counties. Since a substantial number of youth participating in Drug Court have been recruited, this study can now compare outcomes of youth in CDDA with those in Drug Court and with those in neither CDDA nor Drug Court (comparison group).

It should be noted that youth in the comparison group may have also received substance abuse treatment services, but did not receive 12 months of CDDA-sanctioned or Drug Court supervised treatment services. For that reason, the comparison group should not be thought of as a "no treatment" group.

IV. Statewide Assessment Data

Independent of the CDDA outcome evaluation, the University of Washington (UW) has compiled a database of information from the ADAD/K-SADS assessments administered

throughout the state to determine clinical eligibility for CDDA. ADAD/K-SADS evaluations were forwarded to the UW for entry into this database whether or not the youth was found to be eligible for the CDDA program. To date, a total of 2,284 ADAD/K-SADS interviews from 24 counties have been entered into this database (See Table 1, page 8). Of these, 679 entered CDDA, 181 entered a Drug Court program and 1,424 received standard probation services and may or may not have received substance abuse treatment services.

Contrasts between youth in CDDA, Drug Court or in neither program (comparison group) are presented in the following section. Criminal histories as well as reasons (other than clinical diagnoses) why a youth did not enter into the CDDA program are not available in this database.

As of July 1, 2001, JRA no longer requires counties to administer the ADAD/K-SADS interview to determine clinical eligibility for CDDA. As a result, this is the last year that data from assessments done throughout the state to determine CDDA eligibility will be presented in the annual report of the CDDA outcome evaluation.

Valid responses to individual items on the ADAD/K-SADS interviews are not available for every youth interviewed (e.g., youth chose not to answer, response was incorrectly recorded). Therefore, the number of youth responding to a specific item may be less than 2,284.

A. Information on All Youth Assessed for CDDA Eligibility

The average youth assessed for the CDDA program was male (76.4 percent), 15.6 years old and had completed 8.7 years of education. Youth reported a variety of living arrangements for the previous year, the most common was residing with "mother only" (29 percent). Ethnicity was reported for 2,251 youth. Caucasian youth made up 65.3 percent of the sample, 12.6 percent were African American, 11.7 percent Hispanic, 7.8 percent Native American, and 2.5 percent of the sample were Asian/Pacific Islander.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) delineates the official criteria used in the United States to diagnose mental disease, including substance use disorders. Two levels of impairment are assessed by the DSM-IV. "Chemical dependence," the more severe level, is characterized by repeated use despite significant substance-related problems. This repeated use typically leads to tolerance, withdrawal, and compulsive drug-taking behaviors. "Substance abuse" is also characterized by repeated use leading to negative consequences (e.g., social, academic), but the repeated use does not necessarily result in symptoms of tolerance, withdrawal, or compulsive drug use.

Youth that are diagnosed as chemically dependent or substance abusers are eligible for the CDDA program. Both CDDA and Drug Court programs have provided services to chemically dependent and substance abusing youth. CDDA programs, however, typically focus on providing services to chemically dependent youth while Drug Court services are mainly centered on providing treatment interventions for substance abusers.

Of the 2,284 youth whose information was sent to the UW, DSM-IV, diagnostic information was provided for 2,263 youth. Of those youth, 72.1 percent (N = 1,632) received a DSM-IV diagnosis of chemical dependence, 10.6 percent (N = 241) were diagnosed as substance abusers, and 17.2 percent (N = 390) were diagnosed as having no formal DSM-IV substance use disorder.

As shown in Table 1, the percentages of youth with chemical dependence, substance abuse, and no formal DSM-IV substance use disorder diagnosis varied across counties.

Table 1

DSM-IV Substance Use Diagnoses by County

County	# ADAD/K-SADS Evaluations Received	% Chemically Dependent	% Substance Abuse	% No Formal Diagnosis
Benton Franklin	31.0	71.0	19.4	9.7
Chelan	2	100	0	0
Clallam	19	68.4	0	31.6
Clark	52	96.2	0	3.8
Columbia	8	75.0	12.5	12.5
Cowlitz	53	69.8	17.0	13.2
Douglas	1	0	100	0
Grant	2	100	0	0
King	517	68.7	14.5	16.8
Kitsap	152	74.3	8.6	16.4
Kittitas	6	50.0	33.3	16.7
Klickitat	1	100	0	0
Lincoln	20	60.0	15.0	25
Okanogan	46	67.4	6.5	26.1
Pierce	209	64.6	12.0	23.4
San Juan	1	100	0	0
Skagit	11	90.9	0	9.1
Snohomish	512	66.8	6.5	26.7
Spokane	313	80.1	12.2	7.7
Thurston	17	82.4	5.9	11.8
Walla Walla	7	85.7	14.3	0
Whatcom	4	100	0	0
Whitman	4	50.0	25.0	25.0
Yakima	271	79.7	10.3	10.0
Totals	2259	72.2%	10.5%	17.3%

The American Society of Addiction Medicine (ASAM) criteria are used to determine the most appropriate level of care along a four-level continuum:

1. outpatient treatment;
2. intensive outpatient/partial hospitalization;
3. medically monitored intensive inpatient; and
4. medically managed intensive inpatient treatment.

The ASAM criteria assist evaluators in determining the appropriate level of treatments based on the need for detoxification, degree of resistance to entering treatment, the presence of co-existing disorders, and an individual's relapse potential. Issues of the youth's safety and the safety of the community are also considered when determining the most appropriate levels of care. Based on the information obtained from the ADAD/K-SADS interview and the ASAM criteria, assessors were requested to recommend a specific CDDA treatment modality for each juvenile assessed.

Assessors provided the UW with treatment recommendations for 2,202 of the 2,284 juveniles. Overall, 41 percent of youth assessed were recommended for inpatient treatment and 33.8 percent were recommended for intensive outpatient treatment. Only 2.1 percent of youth were recommended for a detention-based program, and only 5 counties sending assessments to the UW provided such services. (Detention-based treatments are similar to intensive-outpatient treatment, but services are provided while the youth is detained.)

Table 2 presents the percent of youth recommended for each treatment modality based on their DSM-IV substance use diagnosis. The majority of chemically dependent youth were recommended for inpatient treatment. Most substance abusing youth were recommended for intensive outpatient treatment. Youth without a DSM-IV substance use disorder diagnoses were most likely to be recommended for no treatment or a treatment other than the four modalities available in CDDA (e.g., an educational class). The percentage of youth recommended for the different treatment modalities varied across counties (see Appendix 5).

Table 2

Treatment Recommendations Based on DSM-IV Substance Use Diagnoses

DSM-IV Diagnosis	Inpatient	Intensive Outpatient	Standard Outpatient	Detention Based Outpatient	No Treatment/ Other Treatment
Chemically Dependent (N=1,570)	53.4%	37.2%	5.4%	2.5%	1.5%
Substance Abuse (N =234)	18.8%	36.7%	26.9%	0.7%	16.6%
No DSM-IV Diagnosis (N = 386)	4.9%	18.6%	24.0%	1.4%	51.0%

B. Comparisons of CDDA, Drug Court, and Comparison Youth Throughout Washington State

The ADAD assesses functioning in nine domains of life (medical, educational, employment, social, family, criminal, psychological, alcohol use and drug use). The following section presents information on differences found on the ADAD among youth in CDDA, Drug Court, and the comparison group obtained from the statewide assessment database. These data pertain to the status of youth only at the time that they were evaluated to determine clinical eligibility for CDDA and not at any later point. As mentioned previously, these results are based solely on the youth's self-report; corroboration of information from any other data source was not possible as all data were entered as anonymous.

Of the 2,284 youth evaluated for CDDA, 679 (29.7 percent) were placed in CDDA and 181 (7.9 percent) entered Drug Court. Significantly more youth in CDDA were diagnosed as chemically dependent (82 percent) compared to youth in Drug Court (69 percent) or the comparison group (67 percent). Diagnoses of substance abuse occurred significantly more for youth in Drug Court and the comparison group compared to youth in CDDA (14.5 percent and 11.4 percent compared to 7.2 percent respectively).

There were also significant differences in the treatment recommendations made for youth in each of the three groups. For CDDA and comparison youth, inpatient treatment was recommended most frequently (48.8 percent and 37.8 percent respectively). Although recommendations for intensive outpatient treatment occurred with about the same frequency for youth in CDDA and the comparison group (34.2 percent and 38.1 percent respectively), it was the most frequent treatment recommendation for Drug Court youth (48.3 percent).

Table 3 on page 11 presents information for youth in CDDA, Drug Court, and the comparison group on several demographic variables. There were no significant differences found between youth in CDDA and those in the comparison group on any variable. There were significant group differences found between Drug Court youth and youth in CDDA and the comparison group.

Youth in Drug Court were more likely to be older, male and Caucasian (and less likely to be Hispanic) than youth entering CDDA or standard probation services. Youth in Drug Court were also more likely to be living with both parents, one of whom was working, and less likely to have been in foster care than youth in CDDA or the comparison group.

Several significant differences between CDDA, Drug Court, and comparison youth were found on variables assessing academic, social and family functioning, criminal involvement, and substance use. Generally, no significant differences between youth in CDDA and the comparison group were found, but youth in Drug Court reported significantly fewer problems in all areas than youth in CDDA or the comparison group.

For example, youth in Drug Court were more likely to be in a higher grade at school, earning average or above grades, and to be actively involved in sports compared to youth in the other two groups. Drug Court youth were also less likely to have repeated a grade in the past and were less likely to have been "partying" or going to "clubs" in the previous month. They also reported having fewer friends that had been involved with the police. Fewer Drug Court youth reported that they lied to and/or stole from family members recently compared to youth in the other two groups.

Table 3

Comparison of Demographics for CDDA, Drug Court, and Youth in Neither CDDA nor Drug Court

				chi-square
	CDDA	Drug Court	Neither CDDA nor Drug Court	Or F- Value
Variable	(N = 679)	(N = 181)	(N = 1,424)	
Age	15.6	16.0	15.7	7.4**
% Caucasian	68.6	70.4	63.2	9.7**
% African American	10.9	15.6	13.0	3.8
% Hispanic	11.1	3.9	13.1	12.9**
% Native American	7.3	7.6	7.6	0.6
% Asian	1.9	3.4	2.6	1.5
% Male	79.5	80.4	74.5	8.5*
% Living With Both Parents	18.5	28.1	18.4	13.7**
% Living With Mother Alone	29.0	31.8	26.6	3.0
% Living With Father Alone	5.8	8.4	7.4	2.4
% Ever Homeless	20.6	17.3	20.5	1.1
% Ever in Foster Care	25.5	15.7	27.1	10.1**
# of People Living in Home	4.3	3.9	4.2	3.8
% Head of Household Currently Employed	78.0	82.6	73.6	9.7**
			*p<.05	** p < 0.01

With regard to involvement in illegal activities, fewer Drug Court youth were on legal supervision at the time of the assessment (56.5 percent compared to 70.0 percent and 65.6 percent for CDDA and comparison youth, respectively). Drug Court youth reported fewer lifetime arrests (4.1) compared to CDDA (6.5) or comparison youth (5.9), and less involvement in illegal activities in the month preceding the assessment (4.6 days compared to 7.1 days for CDDA and 6.3 days for comparison youth).

Regarding substance use, assessors reported that marijuana was the primary drug of abuse for the majority (57.2 percent) of youth evaluated. Alcohol use was reported as the primary problem for 25.2 percent of youth. Over 90 percent of youth reported regular use of marijuana and alcohol (see Table 4 below).

Seventy-two percent of the sample described regular use of cigarettes. Regular use of other drugs occurred in less than 30 percent of youth (amphetamine use—26 percent; hallucinogen use—27 percent; cocaine and/or crack use—21 percent; and less than 1 percent reported regular use of any other drug).

Variables related to substance use were the only area where CDDA youth reported more problems compared to Drug Court youth or the comparison group. Youth in CDDA began using drugs at an earlier age, used more types of drugs, and had more previous outpatient treatment episodes than youth in the other groups.

Table 4

Comparison of Substance Use Variables for CDDA, Drug Court, and Comparison Youth

			Neither CDDA	
	CDDA	Drug Court	Nor Drug Court	F- or X2
Variable	(N= 676)	(N=179)	(N = 1,419)	Value
Age Alcohol First Used	12.4	13.0	12.6	7.3**
Age Any Drug First Used	12.2	12.6	12.5	4.5*
Age Tobacco First Used	11.9	12.6	12.2	6.2*
# Drugs Used in Previous Month	1.4	1.2	1.3	10.7***
Months Regular Alcohol Use (N= 2,046)	28.6	28.5	26.2	3.1*
Months Regular Marijuana Use (N=2,116)	34.4	32.1	30.9	5.5**
Months Regular Amphetamine Use (N = 671)	12.6	11.2	12.6	0.2
Months Regular Cocaine/Crack Use (N= 483)	10.6	9.6	9.6	0.9
Months Regular Hallucinogen Use (N= 611)	8.8	10.1	9.5	0.3
Months Regular Tobacco Use (N=1,651)	41.0	39.6	38.4	2.0
# Previous Outpatient Treatments	0.8	0.6	0.4	8.2***
# Previous Inpatient Treatments	0.4	0.4	0.3	0.6
				*p<.05, **p<.01, ***p<.001

C. Summary

In general, youth assessed for the CDDA program were mainly 15-year-old Caucasian males whose primary substance use problems were related to use of marijuana and/or alcohol. Of youth assessed, those with the least severe problems in the areas assessed were placed in a Drug Court program. CDDA youth and youth in neither CDDA nor Drug Court (comparison group) demonstrated more similarities than differences. Youth

in CDDA did report more problems associated with their substance use than youth in the comparison group. CDDA youth were also more likely to be diagnosed as chemically dependent than youth in either of the other two groups. Thus, it appears that CDDA resources are being utilized to provide services to the intended population of chemically dependent youth.

Taking into account issues of community and individual safety, youth in CDDA are to be treated in the least restrictive environment. Almost half of CDDA youth were recommended for inpatient treatment initially. It is unclear from available information what factors had the greatest influence in an assessor's decision whether to recommend a chemically dependent youth for inpatient versus intensive outpatient treatment.

V. Committable Versus Locally Sanctioned Youth

Committable youth are defined as those youth eligible for 15-36 weeks of confinement in a JRA facility. CDDA was originally designed to provide committable chemically dependent youth supervised substance abuse treatment services as an alternative to JRA confinement. The majority of youth entering CDDA have, however, been "locally sanctioned" youth. Locally sanctioned youth are defined as those youth eligible for 0-30 days in detention and up to 12 months of community supervision.

Of the 2,284 initial assessments received, only 11.9 percent (N = 271) were for committable youth. CDDA placements were granted to 50.9 percent (N =138) of these youth, and 11.9 percent (N = 19) were placed in Drug Court. The remaining 144 committable youth were placed on standard probation services or were referred to a JRA facility. The following sections describe differences between the committable and locally sanctioned youth in general and between committable youth placed in CDDA and those not placed in CDDA.

A. Comparisons of Committable & Locally Sanctioned Youth

Differences between locally sanctioned and committable youth were evident on several demographic variables (see Appendix 5). Compared to locally sanctioned youth, committable youth were slightly older and more likely to be African American males. A greater percentage of committable youth reported living in a foster home or having been homeless in the past.

As seen in Table 5 on page 14, committable youth evidenced greater problems in school and in utilizing free time constructively compared to locally sanctioned youth. Significantly fewer committable youth were currently enrolled in school. They also reported significantly more past school suspensions and expulsions. Significantly more committable youth reported spending "a lot" of time with drug-using friends, being involved with gangs, "partying," and "hanging out" compared to locally sanctioned youth.

Table 5

Differences Between 271 Committable and 2,203 Locally Sanctioned Youth On Baseline Variables Assessing Academic and Social Functioning

	Committable	Locally Sanctioned	t-or X^2 Value
# Prior Expulsions	1.3	0.9	3.8***
# Prior Suspensions	11.0	8.5	2.6**
% Enrolled in School	48.7	60.4	13.8**
% Spending "A Lot" of Time with Drug-Using Friends	52.2	37.1	26.6***
% Spending "A Lot" of Time "Partying"	39.9	27.6	29.3***
% Involved in Gang Activity	30.0	12.3	20.7***
Average Hours Spent "Hanging Out"	5.0	4.3	10.3**
			**p<.01, ***p<.001

With respect to family functioning, significantly fewer committable youth reported conflicts or problems with family members (Table 6). More committable youth reported that their fathers and/or sibling(s) had a problem with drug use than locally sanctioned youth.

Table 6

Differences on Family Variables Between 261 Committable And 1,993 Locally Sanctioned Youth

	Committable	Locally Sanctioned	t- or X^2 Value
% Ever Homeless	27.4	19.3	9.6**
% Living with Both Parents	12.9	18.5	5.0
% Fathers Using Drugs	35.7	26.9	9.1**
% Siblings Using Drugs	33.6	26.3	6.1**
% Getting in Arguments or Fights with Family Last Month	45.0	59.6	20.8***
% Lying to Family Last Month	40.2	49.4	8.1**
% Resisting Doing What Family Wants Last Month	46.1	55.2	7.9**
			**p<.01, ***p<.001

There were several indications that committable youth may have had more psychological problems than locally sanctioned youth (Table 7, page 15). Although there was not a significant difference in the number of previous treatments for psychological problems between the two groups, committable youth reported experiencing more days of emotional problems in the previous month, and a higher percentage of committable youth had experienced serious depression and anxiety in the

past. Significantly more committable youth also reported feeling "worthless" and worried about their cognitive processes.

Table 7

Psychological Information for 271 Committable and 2,003 Locally Sanctioned Youth

	Committable	Locally Sanctioned	t- or X^2 Value
# Past Inpatient Treatments	0.2	0.2	0.9
# Past Outpatient Treatments	0.8	0.9	0.1
% Reporting Serious Lifetime Depression	47.6	40.0	5.6**
% Reporting Serious Anxiety Lifetime	31.0	25.0	4.6*
# Days of Emotional Problems in Last Month	5.9	4.5	2.5*
% Feeling "Worthless"	25.5	16.7	12.5***
% Feeling "Something is Wrong With My Mind"	24.7	16.3	11.7**
		*p<.05, **p<.01, ***p<.001	

As would be expected, committable youth had more severe past criminal histories compared to locally sanctioned youth. As seen in Table 8, significantly more committable youth were under legal supervision at the time of the assessment and had spent at least a month or more in detention in the past. They also reported significantly more prior arrests, probation or parole violations, and days of illegal activity in the previous month than locally sanctioned youth.

Table 8

Comparison of Illegal Behavior for 271 Committable and 2,003 Locally Sanctioned Youth

Variable	Committable	Locally Sanctioned	t- or X2 Value
Lifetime # of Times Picked Up By Police	13.1	8.2.	5.8***
Lifetime # of Arrests	8.0	5.7	3.6***
Lifetime # of Parole/Probation Violations	5.0	2.5	3.4**
% Currently on Legal Supervision	79.2	64.4	23.0***
% Having Spending a Month or More Incarcerated	58.3	22.3	175.6***
# of Times Detained in Last 3 Months	1.9	1.3	2.6**
# of Days of Illegal Activity in Past Month	7.9	6.2	2.5**

		**p<.01, *** p < 0.01

As shown in Table 9, significantly more committable youth were diagnosed as chemically dependent compared to locally sanctioned youth. Committable youth reported using more types of drugs recently and using alcohol, marijuana, and tobacco for a longer duration than did locally sanctioned youth. There was not a significant difference between groups in the number of previous inpatient or outpatient substance abuse treatments.

Table 9

Comparison of Substance Use Variables for 271 Committable and 2,003 Locally Sanctioned Youth

Variable	Committable	Locally Sanctioned	F- or X2 Value
% Chemically Dependent	88.9	69.8	44.4***
Age Alcohol First Used	12.4	12.6	1.8
Age Any Drug First Used	11.9	12.5	4.1***
Age Tobacco First Used	11.7	12.2	2.8**
# of Drugs Used in Previous Month	2.1	1.6	5.4***
Months of Regular Alcohol Use	32.9	26.3	4.1***
Months of Regular Marijuana Use	38.9	31.0	4.9***
Months of Regular Tobacco Use	46.8	38.2	4.3***
# Previous Outpatient Treatments	0.8	0.5	1.8
# Previous Inpatient Treatments	0.4	0.4	0.7
			**p<.01, ***p<.001

B. Committable Youth Placed in CDDA and Not Placed in CDDA

This section compares 138 committable youth placed in CDDA with 114 committable youth not placed in CDDA. The 19 committable youth place in Drug Court were excluded from the following analyses as the group is not sufficiently large enough for results to be meaningful or reliable.

Very few significant differences between committable youth in CDDA and those not in CDDA were revealed. No significant differences between committable youth in CDDA and committable youth not in CDDA were found with respect to age, ethnicity, gender, or current living situation. Significantly more committable CDDA youth reported that at least one parent was currently working compared to committable non-CDDA youth. More committable CDDA youth reported that their fathers had problems with drug use and had mental health problems compared to non-CDDA committable youth.

There were no significant differences on any variable assessing criminal behavior or substance use between committable youth in CDDA and those not in CDDA. Committable CDDA youth reported significantly fewer past school expulsions and past

episodes of running away compared to non-CDDA committable youth (expulsions—0.9 versus 1.2 respectively, running away—3.2 versus 4.9). No other differences on any other variables used to assess the "Effectiveness Standards" were found between the two groups.

C. Summary

Although, CDDA was developed to provide chemically dependent committable youth an alternative to incarceration, the majority of youth evaluated for CDDA eligibility have been locally sanctioned. In general, assessments done to determine CDDA eligibility indicated that compared to locally sanctioned youth, committable youth had more severe problems in school, constructive use of free time, and had more emotional difficulties, but fewer family conflicts. Committable youth also had more severe histories of criminal behavior and substance use problems.

Approximately half of all committable youth eligible for CDDA were granted CDDA placement. Other than the finding that committable CDDA youth had fewer past expulsions from school and fewer episodes of running away than non-CDDA committable youth, no significant group differences were found on any variables associated with the Effectiveness Standards. Since CDDA was designed to treat youth with severe substance use problems and the majority of committable youth assessed were chemically dependent, a greater percentage of committable youth would be expected to have been placed in CDDA. Therefore, results suggest that the severity of criminal histories had a greater influence on the decision to place a committable youth in CDDA, more so than the youth's degree of substance use or functioning in other areas.

VI. Outcome Evaluation

A. Current Status of CDDA Outcome Evaluation

The CDDA Outcome Evaluation was designed to compare the outcomes of 130 CDDA and 130 non-CDDA youth across several areas of functioning over an 18-month period. The ADAD/K-SADS interview that was administered to determine CDDA eligibility serves as the baseline assessment for youth in this study. A follow-up version of the ADAD/SADS is administered to youth 3, 6, 12, and 18 months from the date of the initial ADAD/K-SADS administration.

Recruitment of youth for the CDDA Outcome Evaluation was conducted in eight counties. Recruitment began in January 1999 and was completed in June 2001. A total of 403 youth were recruited into the study. As shown in Table 10 on page 18, both the number of CDDA and non-CDDA youth recruited exceeded study goals (CDDA, N = 165; non-CDDA youth, N = 185). Additionally, 53 youth that participated in a Drug Court or a hybrid CDDA/Drug Court program were recruited into the study.

Despite the fact that the number of Drug Court youth is small relative to the CDDA and comparison groups, it is sufficient enough to allow for comparisons to be made between the CDDA, comparison, and Drug Court groups. The number of committable youth recruited into the study was relatively small (N = 79). Table 10 provides information on the number of youth recruited in each of the eight participating counties.

Table 10

Youth Recruited By County

	Total #	# CDDA	#Drug Court*	# of Comparison	# Committable*
Benton/Franklin	9	4	0	5	4
Clark	26	18	0	8	14
King	51	14	21	16	8
Kitsap	34	13	14	7	3
Pierce	52	34	0	18	11
Snohomish	117	61	18	39	12
Spokane	78	9	0	69	17
Yakima	35	12	0	23	10
Total	403	165	53	185	79

* youth are also members of the other categories

Baseline and three-month interviews have been completed for the entire sample of 403 recruited youth. The 6, 12, and 18-month interviews are still being conducted. Since results of these yet-to-be completed interviews could substantially change the findings found in the smaller sample of already interviewed youth, this report only presents data from the completed baseline and three-month assessments. Follow-up rates for all interviews continue to exceed 87 percent (6-month, 98.7 percent; 12-month, 87.6 percent; and 18-month, 90 percent). All interviews will be completed by December 2002.

B. Results of Baseline and Three-Month Assessments

The following sections present the results from the completed baseline and three-month interviews. Assessments on variables used to measure the "Effectiveness Standards" were performed between youth in CDDA, Drug Court, and in neither Drug Court nor CDDA (comparison group).

1. Demographic Variables

Youth recruited into this outcome evaluation are primarily Caucasian males aged 15.6 years old. There were no significant differences found between CDDA and the comparison group on any demographic variable. Several significant differences were found, however, between Drug Court youth and youth in CDDA or the comparison group (see Table 11, page 19). Drug Court youth were less likely to be

Hispanic and more likely to be living with both parents, with at least one parent employed, compared to CDDA or comparison group youth. Drug Court youth were also less likely to have been homeless or to have lived in foster care in the past.

TABLE 11

Demographic Comparisons of 165 CDDA, 53 Drug Court, and 185 Comparison Youth

Variable	In CDDA	In Drug Court	Neither In CDDA nor Drug Court	F or X^2 Value
Age	15.6	15.8	15.7	0.6
% Caucasian	75.3	83.3	75.7	1.6
% African American	8.6	5.6	7.3	0.6
% Hispanic	8.4	0	10.7	6.9*
% Native American	5.6	5.6	4.0	0.5
% Asian	1.9	5.6	1.1	4.1
% Male	77.8	81.5	77.8	0.4
# of People Living in Home	4.2	3.8	4.2	1.3
% Living With Both Parents	21.0	25.9	12.4	7.0*
% Living With Mother Alone	33.3	25.9	30.5	1.1
% Living With Father Alone	4.9	11.1	5.6	2.8
% Head of Household Currently Employed	83.2	85.2	72.5	7.2*
# Times Ran Away	3.2	2.3	4.9	3.2
% Ever Homeless	19.8	9.3	24.9	6.3*
% Ever in Foster Care	21.9	9.8	29.6	9.0**
				*p<.05, **p<.01

Analyses revealed no significant differences in the number of past hospitalizations or outpatient treatments for medical, psychological, or substance abuse problems between the three groups. Youth in each group averaged less than one past episode for each of these treatments.

2. Treatment Activities

It is expected that youth in CDDA will receive enhanced substance abuse treatment services (See Appendix 1). Service enhancements include increased case management, use of urine drug screens, and involvement of family in treatment. Moreover, treatment services should be available to youth for a period of at least one year. While not all youth are expected to be in need of a year of treatment services, these services should be available for that period if a youth requires them.

Tables 12 (page 20) and 13 (page 21) present information on the length of treatment stay and treatment activities obtained from the DSHS Division of Alcohol and Substance Abuse's (DASA) Treatment and Assessment Report Generation Tool (TARGET) database.

Table 12

Average Number of Days of Treatment For Initial Three-Month Period

Treatment Modality	CDDA	Drug Court	Neither CDDA Nor Drug Court	F-Value
	N= 165	N =53	N=185	
Inpatient	9.6	5.3	2.3	11.8***
Intensive Outpatient	13.4	14.6	5.1	7.4**
Standard Outpatient	20.0	38.2	8.2	26.4***
Recovery House	0.2	0	0.1	0.5
Group Care Enhancement	0.2	0	1.7	1.7
				p<.01,*p<.001

Table 12 provides TARGET information on the average number of days a youth spent in each treatment modality over the three-month period. If youth had been involved in a particular treatment modality for the majority of the 3-month period, the average number of days spent in treatment would be expected to be approximately 80 to 90. Results indicate, however, that youth in all groups did not spend the majority of this three-month study period involved in treatment. Over this three-month period, youth in CDDA and Drug Court spent approximately three to five weeks involved in treatment, while youth in the comparison group spent about one to two weeks in treatment. CDDA and Drug Court youth spent a substantially longer time in inpatient, intensive outpatient, and standard outpatient treatment compared to comparison youth. The only significant difference found between CDDA and Drug Court youth was that Drug Court youth spent significantly more time in standard outpatient services compared to CDDA youth.

These results were not unexpected for several reasons. First, the legal processes required to place youth in CDDA or on standard probation services can take several weeks. Court backlogs can extend this processing time even more.

Secondly, the majority of CDDA youth were recommended for inpatient treatment while Drug Court youth were recommended primarily for intensive and standard outpatient services. Information presented in previous annual reports indicated there is a several month waiting period prior to obtaining entry to an inpatient treatment program. Moreover, there is typically not a waiting list for outpatient treatment services. Hence, youth in Drug Court would be expected to enter outpatient treatment sooner.

While in treatment during this three-month period, CDDA youth received significantly more individual and group sessions, more case management, and more urine drug screens than the comparison youth (Table 13, page 21).

Table 13

Treatment Activities For Initial Three-Month Period

	CDDA	Drug Court	Neither CDDA Nor Drug Court	F-Value
Treatment Activity	N= 165	N =53	N=185	
Conjoint with Family	0.2	0.7	0	10.6***
Family Without Client	0.2	0.2	0	4.5*
Individual	1.4	1.8	0.5	11.4***
Group	8.7	10.4	2.1	25.7***
Case Management	0.9	3.0	0.3	18.7***
Urine Drug Screens	1.0	2.2	0.2	19.3***

*p<.05, **p<.01,***p<.001

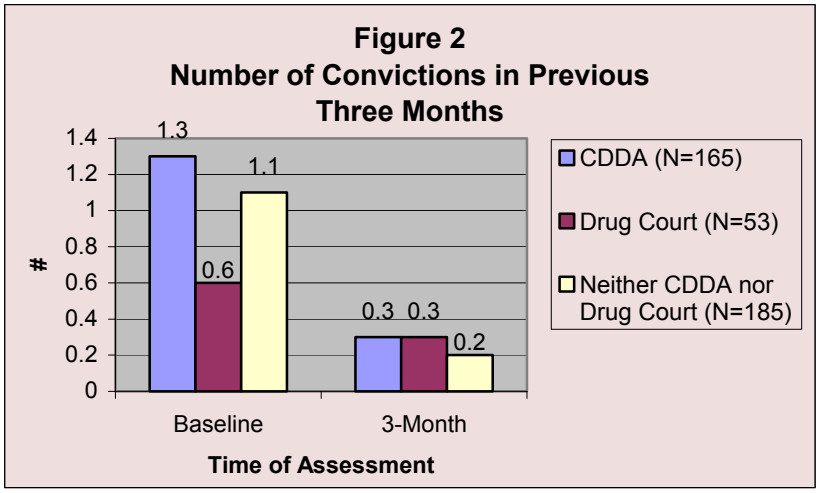
Although it was recommended that families be involved in all phases of treatment for CDDA youth, fiscal resources supplied by CDDA were not sufficient to provide access to family therapy for all CDDA youth. Most substance abuse treatment programs do not have family therapists on staff. Therefore, existing programs that did not already employ family therapists were typically not able to provide family therapy services to CDDA youth. This may explain why the number of family services provided to youth in CDDA as well as those in Drug Court was low.

Drug Court youth received a significantly greater number of all services, except family sessions without the client, compared to those received by CDDA or comparison youth. Although counties received federal funding for their Drug Courts, most counties have "blended" their state CDDA funds with federal Drug Court funds. This has allowed counties to not only provide services to more youth, but also to increase the number and types of services provided to youth while in treatment.

3. Criminal Behavior

Analysis of JUVIS records revealed no significant differences in the number of prior convictions between CDDA and comparison youth. Drug Court youth did have significantly fewer past convictions (3.7) compared to CDDA (5.2) or comparison youth (5.5).

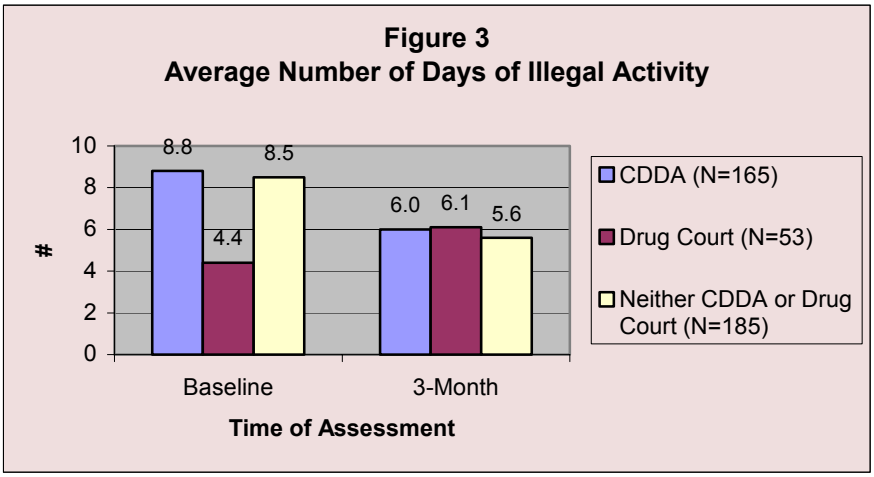
As shown in Figure 2 on page 22, the number of convictions for youth in all groups decreased over time. Drug Court youth had significantly fewer convictions than youth in the other groups during the three months prior to the baseline assessment.



With regards to legal supervision at baseline, approximately 60 percent of youth in each group were under legal supervision. At the three-month assessment, a higher percentage of youth in all groups were under legal supervision (approximately 90 percent).

There were no significant group differences in the number of times that a youth was detained in the previous three months at either the baseline or three-month assessment. There were, however, significant group differences in the number of days that youth were detained over the three-month period. CDDA youth spent significantly less time in detention than comparison youth (6.6 days versus 11.3 days). Drug court youth spent significantly fewer days detained than youth in either of the other two groups (3.1 days).

Self-reports of illegal activity occurring in the previous month revealed that Drug Court youth initially reported significantly less illegal activity than CDDA or comparison youth, but at the three-month assessment there were no significant differences between the three groups (Figure 3).



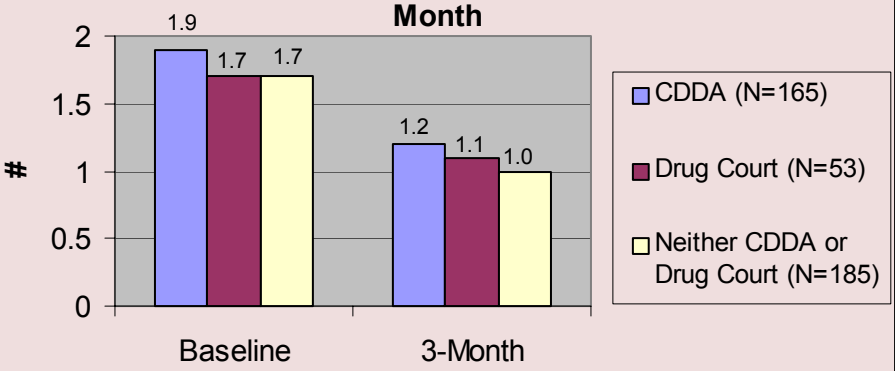
4. Substance Use

It was not anticipated that the early months of CDDA treatment would have a substantial impact on substance use. A primary reason for not expecting to see large group differences during the initial three months of the CDDA program is because the majority of youth in all groups are under legal supervision. An expectation of legal supervision is the cessation of illegal use of substances and underage use of alcohol. Thus, youth in all groups were expected to demonstrate significant decreases in substance use in the early study assessments.

Group differences are expected to be more pronounced at the later assessment points (12 and 18-month followups). At these later points in time, fewer comparison youth are expected to still be under legal supervision, while CDDA and Drug Court youth are expected to still be under legal supervision. This is expected because both CDDA and Drug Court involve at least 12 months of legal supervision, while the standard probation period for youth in the comparison group may be less than a year.

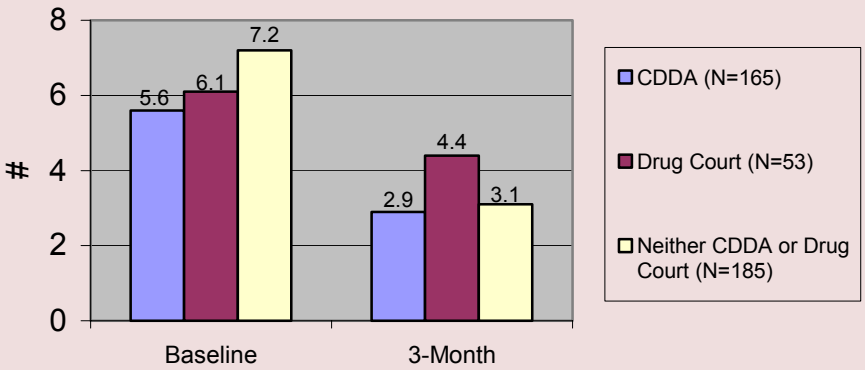
As shown in Figure 4 on the following page, the number of different drugs that a youth reported using over the previous month decreased for all groups. There was also a decrease in the number of days that youth in all groups reported using alcohol and marijuana over the follow-up period (see Figures 5 and 6 on the following page).

Figure 4
Number of Different Drugs Used in Previous Month



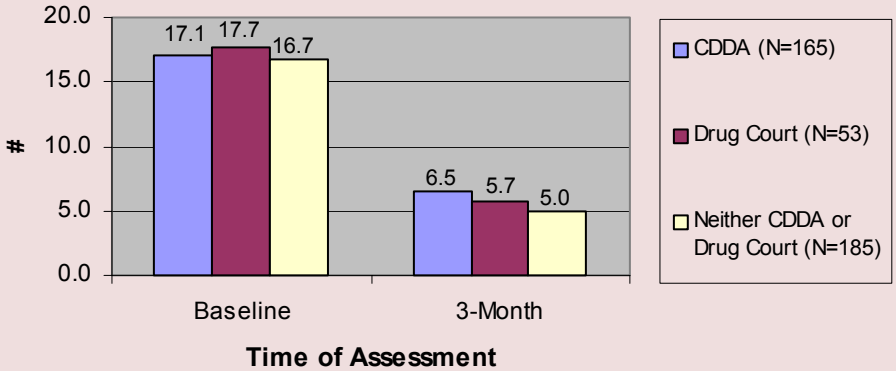
Time of Assessment

Figure 5
Number of Days of Alcohol Use in Previous Month



Time of Assessment

Figure 6
Number of Days of Marijuana Use in Previous Month

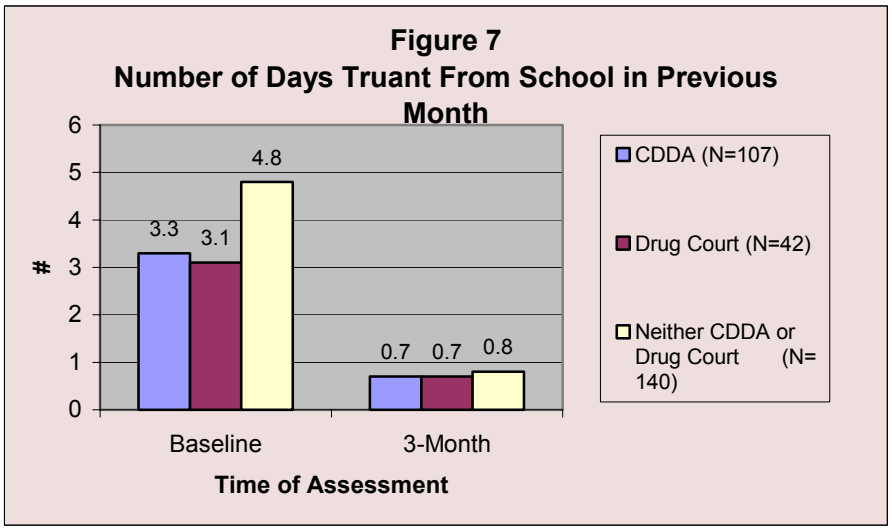


Time of Assessment

5. School Performance

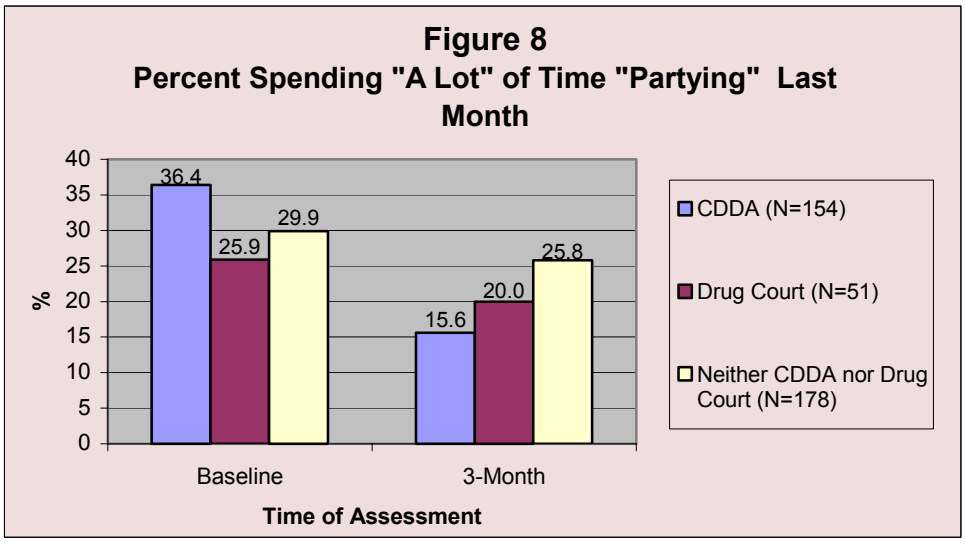
The first three months of the CDDA program did not appear to differentially impact school performance of youth. No significant differences between the percent of youth enrolled in school, or earning average or better grades, were found between CDDA, Drug Court, or the comparison group at either assessment. Nor was there a significant group difference found in the number of days of truancy during the previous month. The grades of youth in all three groups showed improvement over time.

The number of days of truancy for youth in all groups decreased from baseline to the three-month followup as shown in Figure 7.



6. Social Functioning

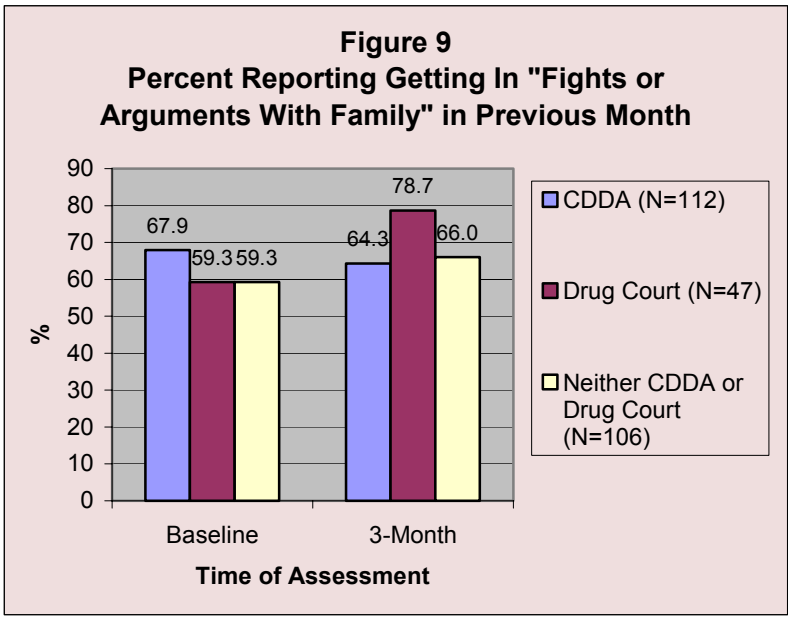
The initial phases of the CDDA treatment program did appear to have an influence on the social functioning of youth. Although significantly more CDDA youth reported "partying a lot" at baseline, fewer CDDA youth reported "partying a lot" at the three-month followup compared to Drug Court or comparison youth (Figure 8, page 26). Over the follow-up period, youth in all groups reported spending less time with drug-using friends and reported an increase in the amount of time spent with drug-free friends.



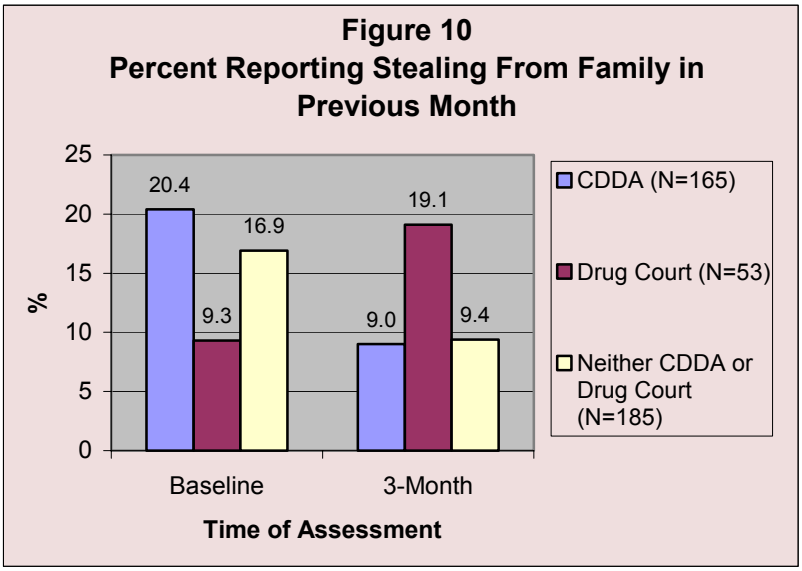
7. Family Functioning

With respect to family functioning—at baseline, Drug Court youth reported running away in the past significantly fewer times (1.5) than comparison youth (4.7), but not significantly less than CDDA youth (3.7). No significant group differences were revealed in the number of times that a youth ran away during the three-month study period.

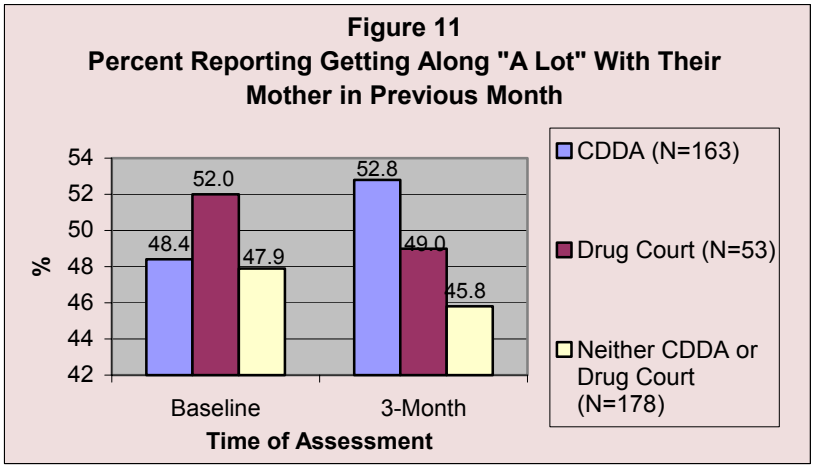
There was evidence that the early months of CDDA treatment improved family functioning. At baseline, more CDDA youth reported getting into "fights or arguments" with family members compared to youth in either Drug Court or the comparison group. The percent of youth reporting "arguing or fighting" with family at the three-month assessment decreased for CDDA youth compared to the baseline assessment, but increased for youth in the other two groups (Figure 9).



A significantly greater percentage of CDDA youth reported stealing from family members at baseline compared to Drug Court or comparison youth (Figure 10). The three-month assessment, however, revealed a substantial decrease in this behavior reported by CDDA youth (Figure 10). The percentage of youth reporting stealing from family actually increased over time for Drug Court youth.



Another indication that CDDA impacted family relationships can be seen in Figure 11. At baseline, significantly more Drug Court youth reported positive maternal relationships. At the three-month assessment, however, significantly more CDDA youth reported positive maternal relationships. The percent of youth reporting positive maternal relationships in fact decreased over time for Drug Court comparison youth.



8. Psychological Functioning

No significant group differences were found in the number of past inpatient or outpatient treatments for emotional problems. There were no significant differences revealed between groups in the number of days of psychological problems (i.e., depression, anxiety, impulse control) reported in the previous month at either the baseline or the three-month assessment.

9. Committable Youth in CDDA and Not in CDDA

Seventy-nine committable youth were recruited into this study. Of those, 31 were placed in CDDA, 5 entered a Drug Court, and 43 went onto standard probation services or were placed in a JRA facility (non-CDDA group). Although the size of the CDDA and non-CDDA groups do allow for analyses of group differences, results should be interpreted with caution as the groups are relatively small. Committable youth in Drug Court were excluded from analyses, as this group is of an insufficient size for reliable comparisons to be made.

No significant differences on any demographic variable were found between CDDA and non-CDDA committable youth. Analyses of variables related to the Effectiveness Standards revealed no statistically significant differences between CDDA and non-CDDA committable youth.

C. Summary

This report focuses on findings related to the initial three months of CDDA treatment. Comparisons of youth in CDDA, Drug Court and a comparison group of youth in neither CDDA nor Drug Court were made across several areas of functioning.

Although youth in all groups received some substance abuse treatment services over the three-month period, CDDA and Drug Court youth spent significantly longer in treatment and received significantly more services while in treatment than youth in the comparison group. Drug Court youth spent significantly more time in standard outpatient treatment and generally received significantly more services in all forms of treatment than CDDA youth. The amount of time spent in treatment by CDDA and Drug Court youth, however, was less than expected. This suggests that youth had not entered treatment right away.

Given that the majority of youth in all groups were under legal supervision over this three-month period, significant group differences in illegal activity and substance use were not anticipated. As expected, youth in all groups exhibited a decrease in illegal activity and substance use over the three months.

Although they spent a relatively short amount of time in treatment, CDDA youth demonstrated significant improvements in family functioning compared to comparison and Drug Court youth. At the three-month assessment, significantly fewer CDDA youth reported arguing or fighting with or stealing from family members compared to

youth in the other two groups. Despite the fact that significantly more Drug Court youth reported positive maternal relationship at baseline, significantly more CDDA youth reported positive maternal relationships at the three-month assessment.

Therefore, although it is still too early to assess the full impact of CDDA on youths' functioning, initial findings suggest that the program is beneficial.

Appendix

Appendix 1
CDDA Treatment Model

Prescreen
Washington State Risk Assessment Tool
Or SASSI/PESQ

Substance Abuse Indicated by Screen

CDDA Assessment
ADAD/K-SADS

Youth is Chemically Dependent and Court-Ordered to CDDA
All youth receive 12 months of supervision and enter one of the following models of treatment

Detention-Based Treatment	**Inpatient Treatment**	**Intensive Outpatient Treatment**	**Outpatient Treatment or Individual Outreach**
30 Days	**30 – 90 Days**	**90 Days**	**9 – 12 Months**
• A minimum of 72 hours of direct treatment services within the 30 days. • Group, relapse, individual, and family therapy. Clinical consultation for mental health issues.	• Level I and II facilities. A minimum of 20 hours counseling services per week. • Group, individual, and family therapy. • Urinalysis Testing. • Level II is available for youth with additional issues such as mental illness. Facilities are locked or staff secure.	• 9 hours of group, and individual therapy per week. • Urinalysis testing. • Family Therapy • Case Management	• 1-3 hours of group and/or individual therapy per week. • Urinalysis testing. • Family Therapy • Case Management
Intensive Outpatient 90 Days Outpatient 8 months	Intensive Outpatient 90 Days Outpatient 7.5 Months	Outpatient 9 months	

Appendix 2

Current Treatment Models by County

All treatment programs include a combination of increased supervision by juvenile courts, a case manager, a family services component, and a combination of the treatment modalities listed below.

Detention-Based Treatment:	Clallam, Clark, Columbia/Walla Walla, Kitsap, Kittitas (tied to Yakima), Okanogan, Pierce, Thurston, and Yakima
Inpatient Treatment:	Adams, Asotin/Garfield, Benton/Franklin, Chelan, Clallam, Clark, Cowlitz, Douglas, Ferry/Stevens/Pend Oreille, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Okanogan, Pierce, Pacific/Wahkiakum, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom, Whitman, and Yakima
Intensive Outpatient Treatment:	Adams, Asotin/Garfield, Benton/Franklin, Chelan, Clallam, Columbia/Walla Walla, Cowlitz, Douglas, Ferry/Stevens/Pend Oreille, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Okanogan, Pacific/Wahkiakum, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom, Whitman, and Yakima.
Community-Based Outpatient Treatment:	Benton/Franklin, Clallam, Clark, Ferry/ Stevens/Pend Oreille, Island, Lincoln, Snohomish, Pierce, and Yakima

Appendix 3

Description of Requirements for CDDA Treatment Modalities

Inpatient Treatment

- Level I and Level II provide a minimum of 20 hours of counseling services per week in accordance with WAC 440-22-410.
- Services shall include individual, group, and family services.
- Level II treatment is available for youth with issues in addition to chemical dependency such as mental health issues. The facilities contracted for CDDA are locked or staff secure.

Detention-Based Outpatient Treatment

- A minimum of 72 hours of direct treatment services within the 30 days.
- Treatment components would include: chemical dependency group counseling, education, family counseling and/or family issues group counseling, relapse prevention planning and counseling, individual counseling, case management, and continuing care planning.
- Clinical consultation to address mental health and other clinical complications.

Intensive Outpatient Treatment

- A minimum of 3 hours of group counseling a week.
- 1 hour of individual counseling a week.
- 1 hour of case management advocacy a week.
- Weekly urinalysis.
- Family services (family therapy and or parent training).

Outpatient Treatment

- 1 hour of support group a week.
- 1 hour of individual counseling a week.
- Family services (Family Therapy and/or Parent Training/Support).
- 1 hour of case management advocacy/week.
- Urinalysis (weekly).

Individualized Outreach

- 1-2 hours of individual counseling a week.
- Family services (Family Therapy and/or Parent Training/Support).
- 1 hour of case management advocacy/week.
- Urinalysis (weekly).

Appendix 4

TIMELINE FOR CDDA EVALUATION

Appendix 5

Percent of Youth Recommended for Each Treatment Modality by County					
County	Inpatient	Intensive Outpatient	Standard Outpatient	Detention-Based Outpatient	No Treatment/ Other Treatment
Benton Franklin	48.4	35.5	9.7	0	6.5
Chelan	50.0	0	50.0	0.0	0
Clallam	21.1	36.8	0	0	42.1
Clark	25.0	55.8	5.8	13.5	0
Columbia	62.5	25.0	12.5	0	0
Cowlitz	20.8	49.1	17.0	0	13.2
Douglas	0	0	0	0	100
Grant	50.0	0	50.0	0	0
King	56.2	24.0	10.1	0	9.7
Kitsap	21.9	25.3	36.3	8.2	8.2
Kittitas	40.0	40.0	20.0	0	0
Klickitat	0	100	0	0	0
Lincoln	36.8	21.1	31.6	0	10.5
Okanogan	23.7	10.5	10.5	26.3	28.9
Pierce	50.2	21.4	6.5	4.5	17.4
San Juan	0	100	0	0	0
Skagit	36.4	54.5	9.1	0	0
Snohomish	27.1	48.1	7.6	0	17.2
Spokane	31.5	45.6	13.4	0	9.5
Thurston	28.6	57.1	0	0	14.3
Walla Walla	33.3	66.7	0	0	0
Whatcom	100	0	0	0	0
Whitman	75.0	0	25.0	0	0
Yakima	62.8	21.9	6.3	1.9	7.1

Appendix 6

Demographic Comparisons of 271 Committable Youth and 2,013 Locally Sanctioned Youth

Variable	Committable	Locally Sanctioned	t or X^2 Value
Age	15.8	15.6	2.3
% Caucasian	54.2	66.1	14.7***
% African American	21.4	11.2	22.9***
% Hispanic	14.8	11.3	2.8
% Native American	5.9	8.0	1.5
% Asian	3.7	2.3	1.9
% Male	85.2	75.2	1.9
% Living With Both Parents	12.9	18.5	5.0*
% Living With Mother Alone	25.5	28.0	0.7
% Living With Father Alone	5.5	7.2	1.0
# Times Ran Away in Lifetime	3.4	3.6	0.2
% Ever Homeless	27.4	19.3	9.6**
% Ever in Foster Care	33.7	24.7	9.6**
# of People Living in Home	4.6	4.2	2.3*
% Head of Household Currently Employed	73.2	76.0	2.5